OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT Facilities Development Division

HOSPITAL INSPECTOR RE-CERTIFICATION SEMINAR SCHEDULE FOR 2008

OSHPD has scheduled seminars that will cover code updates and inspection procedures, requirements and techniques used for hospital construction. These one-day seminars are designed to fulfill the education requirement for Hospital Inspector recertification. To renew and maintain a valid certification, the Hospital Inspector must participate in a written recertification examination before the expiration of his/her certification. Certifications expire the last day of the expiration month. Certified Hospital Inspectors may apply to take the written recertification examination at the conclusion of this seminar by submitting the applicable fees with this registration form. Recertification seminars are offered each year in the Sacramento and Los Angeles areas. The schedule for upcoming and future recertification seminars is provided below. Review your certification expiration date and plan to participate in the seminar and examination that best suits your needs. If you do not recertify within the required time period, you will need to take the complete examination for a new certification. Inspectors must hold a current OSHPD certification to serve as an Inspector of Record.

SEMINAR & RECERTIFICATION EXAM REGISTRATION

REGISTRATION OSHPD CERTIFICATION #: NAME:		500 Leisure Lane							
					ADDRESS:		Sacramento, CA 95815 Phone: (916) 920-7362 □ September 24, 2008 -Los Angeles Area (C-35)		
PHONE #:()		Doubletree Hotel - Ontario 222 North Vineyard Avenue Ontario, CA 91764 Phone: (909) 937-0900 REGISTRATION FEE Seminar & Recertification Exam \$250.00							
FAX # :()									
E-MAIL ADDRESS:									
				\$250.00					
		Seminar Only		\$150.00					
		Delinquency Fee		\$100.00					
			Amount Enclosed	\$					
METHOD OF PAYMENT Check or money order must be	ne made payable to: OS	HPD							
☐ CHECK ☐ MONEY ORDER	☐ AMERICAN EXPRESS	☐ MASTERCARD	□ NOVUS/DISCOVER	CARD □ VISA					
CHARGE CARD NUMBER:			EXPIRATION DATE: _	_					
BILLING ADDRESS:									
CITY:	ST	ATE:	ZIP CODE:						
CARD HOLDER'S NAME:		SIGNATURE	E:						
				Over ⇒					

Please submit a completed registration form and your payment to:

Office of Statewide Health Planning & Development Facilities Development Division 1600 9th Street, Room 420 Sacramento, CA 95814

Attn: Patricia Friel

Confirmation of attendance will be mailed upon receipt of this registration form AND applicable fee(s). Additional information regarding the facility, hotel accommodations and parking will be sent with your registration confirmation.

Registration fees will not be refunded for NO SHOWS.

For more information call (916) 654-8458.